



State of Louisiana

Department of Health and Hospitals

Dear Applicant:

Attached is an application for the Section 811 Project Rental Assistance (PRA) Program.

What is Section 811 Project Rental Assistance?

Section 811 PRA is a permanent supportive housing (PSH) program offering rental assistance and supportive services for people between the ages of 18 and 61 with long term disabilities, who may have difficulty living successfully in the community and may become homeless or institutionalized without the supports. Housing supports include things like reminders to pay the rent, help arranging medical appointments, and other services. Only people with disabilities who need these types of supports are eligible for 811 PRA.

What are the 811 PRA Requirements?

To be eligible for 811 PRA, your household must (1) include a person who has a disability and is currently receiving Medicaid services or Ryan White Services, (2) need the housing supports offered by 811 PRA, (3) be very low-income, and (4) be between the ages of 18 and 61 at the time of the lease signing.

How do I apply if I think I am eligible?

Complete the attached application. Please note:

- Reasonable accommodations will be made in completing applications. For assistance in completing an application please call 1-844-756-1562. TTY users should call 1-800-220-5404.
- While we hope you answer all the questions, we can begin to process your application as long as you answer all of the questions that have an asterisk * next to them. Eventually you will need to answer all of the questions and **provide documents verifying your answers** (see pages 10-12).
- You cannot be found eligible for 811 PRA or offered a unit until we have a complete application and all supporting documentation. Income verification will be required before a household can receive a unit referral and will be requested at a later date.
- It must be verified that you are in need of the supports offered through 811 PRA (see pages 6-8).

Where do I send my completed application? Applications will not be accepted in person.

Mail:

811 Project Rental Assistance
1450 Poydras Street, Suite 1133
New Orleans, LA 70112

Fax:

1-504-568-3372

E-mail:

811.PRA@la.gov

What happens after I have submitted my application?

Once your application is received, it can take up to 30 days to process. Once your application is processed you will receive an approval or denial letter in the mail with further instructions.



811 PROJECT RENTAL ASSISTANCE APPLICATION

Please complete the entire application as fully as possible. The application will not be considered complete unless all of the questions that have an asterisk * are completed. Attach the required documents and return them with the signed application to the address shown on page 1. If you have any questions, please call 1-844-756-1562.

APPLICANT (Head of Household) Information *Please Print Clearly*

*First Name

MI

*Last

*Street (address at which you receive your mail)

*City

*State

Zip Code

It is important that we can get in touch with you. Please provide as many phone numbers as possible.

*Primary: (____) _____-_____*Secondary: (____) _____-_____

Email: _____ Additional: (____) _____-_____

- -

*Social Security Number

_____/_____/_____
- - -

* Birth Date

- - -

Medicaid Number

Optional: You may provide an alternative contact in the event that your contact information changes and we cannot locate you.

First Name

MI

Last

Relationship to you _____

Street

City

State

Zip Code

Primary: (____) _____-_____

Secondary: (____) _____-_____

Email: _____

Additional: (____) _____-_____

* Indicates required fields.



DEMOGRAPHIC INFORMATION

1. Are you homeless? ☐ Yes ☐ No
2. Are you chronically homeless? ☐ Yes ☐ No
3. Race (*Voluntary – Please select one or more*):
- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Asian and White | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> American Indian/Alaskan Native and Black | <input type="checkbox"/> Other: _____ |
4. Ethnicity (*Voluntary – Please select “yes” or “no” for Hispanic Origin*):
- Hispanic: ☐ Yes ☐ No
5. Citizenship (*please check*) Are you a citizen of the United States? ☐ Yes ☐ No
(*Some noncitizens are eligible for this program*)
6. Gender (*please check*) ☐ Male ☐ Female
7. Veteran (*please check*) ☐ Yes ☐ No
8. Is head of household between the ages of 18 and 61?
(*please check*) ☐ Yes ☐ No
10. Aging Out Youth (*Are you aging out of the state Foster Care system?*):
(*please check*) ☐ Yes ☐ No
11. Accessibility: Does a member of your household require any of the following? (*If so please check yes and check below which accommodation(s) you need*) ☐ Yes ☐ No
- | | | |
|--|---|--|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Handicapped accessible parking | <input type="checkbox"/> Grab bars and handrails |
| <input type="checkbox"/> No Steps | <input type="checkbox"/> Few Steps | <input type="checkbox"/> Hearing disability |
| <input type="checkbox"/> Modification for vision or hearing impairment | | <input type="checkbox"/> Roll in shower |
| <input type="checkbox"/> Other: _____ | | |

Please explain:



DEMOGRAPHIC INFORMATION

Household Information

List **all** persons who will be living in the unit and their relationship to the Head of Household. Complete the information in the chart for all members of the household (this can include unrelated people). When unrelated persons with disabilities are living together sharing supports, one person should be designated as applicant and head of household. Other unrelated persons should be listed in the chart with relationship as "roommate." **If the head of household is not the qualifying household member, please designate the qualifying member with the letters QM next to their first name.**

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security #
		Head				

Do you require 24-hour care by a caretaker or live-in aide? ☐ Yes ☐ No

Disability

In order to help you access any needed supports it is helpful for us to know what type of disability the qualifying member has. Please check all that apply.

- ☐ Intellectual Disability (defined as a disability that occurred before the age of 22)
 - ☐ Acquired age birth – 3 yrs
 - ☐ Acquired age 3 – 21 yrs
- ☐ Serious Mental Illness
 - ☐ With substance abuse
- ☐ Disability acquired after the age of 22 (e.g., physical disability, sensory disability, disability caused by chronic illness, disability caused by HIV/AIDS)
- ☐ Other: _____



Do you or someone in your household receive any of the following services?

- | | |
|---|---|
| <input type="checkbox"/> Louisiana Behavioral Health Partnership (Magellan) | <input type="checkbox"/> Children's Choice Waiver |
| <input type="checkbox"/> New Opportunities Waiver | <input type="checkbox"/> Long Term Personal Care Services (LTPCS) |
| <input type="checkbox"/> Residential Options Waiver | <input type="checkbox"/> Ryan White Services |
| <input type="checkbox"/> Community Choices Waiver | <input type="checkbox"/> Supports Waiver |
| <input type="checkbox"/> ATR Services | <input type="checkbox"/> CAHBI Services |
| <input type="checkbox"/> None of the above | |

NOTE:

To be eligible for the program, all four 811 PRA requirements must be met. Those requirements are (1) be a person who has a disability and receiving Medicaid services or Ryan White services, (2) need the housing supports offered by 811 PRA Program, (3) be very low income, and (4) be between the ages of 18 and 61.



811 PROJECT RENTAL ASSISTANCE ELIGIBILITY

This portion of the form (pages 6-8) is required to determine your level of need for supportive services. If you have difficulty completing this portion independently, a case manager, social worker, support coordinator, family member, nurse, or doctor can assist you. If you are not sure, you can call 1-844-756-1562.

Need for Housing Supports

Housing History:

Has the applicant:

1. Lived for a period of more than 90 days in an institution (public or private Intermediate Care Facility/Developmental Disability, nursing home, psychiatric hospital, other facility)?

☐ Yes ☐ No Approximate term of institutionalization: _____

2. Lived at some point independently in his/her own apartment or home? ☐ Yes ☐ No

3. Ever been evicted? ☐ Yes ☐ No

Reason(s) for eviction (number of evictions and reason):

Housing needs: Rate the following support areas per the needs of the Applicant.

<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	1. Needs support to identify preferences related to housing (location, accommodations needed, feasibility of accessing other needed supports or activities)
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	2. Needs support to maintain housing, including assistance to access appropriate housing options; obtaining necessary documents and records to complete housing application or lease; obtaining/accessing sources of income necessary to pay rent, home management, establish credit; and understanding and meeting obligations of tenancy as defined in lease terms



INCOME ELIGIBILITY

Do you have Extremely Low income? (Defined as 30% of Area Median Income) Please refer to chart below.

☐ Yes ☐ No

Parish	Household Size							
	1	2	3	4	5	6	7	8
Alexandria	11,670	15,730	19,790	23,850	26,950	28,950	30,950	32,950
Avoyelles	11,670	15,730	19,790	23,500	25,400	27,300	29,150	31,050
Bienville	11,670	15,730	19,790	23,500	25,400	27,300	29,150	31,050
Baton Rouge	13,950	15,950	19,790	23,850	27,910	31,970	36,030	40,090
Calcasieu	11,750	15,730	19,790	23,850	27,910	31,970	34,700	36,900
Franklin	11,670	15,730	19,790	23,500	25,400	27,300	29,150	31,050
Lincoln	11,670	15,730	19,790	23,850	27,910	30,200	32,250	34,350
Madison	11,670	15,730	19,790	23,500	25,400	27,300	29,150	31,050
Monroe	11,670	15,730	19,790	23,850	26,450	28,400	30,350	32,300
Morehouse	11,670	15,730	19,790	23,500	25,400	27,300	29,150	31,050
Shreveport-Bossier City	12,250	15,730	19,790	23,850	27,910	31,970	36,030	38,450
Webster	11,670	15,730	19,790	23,500	25,400	27,300	29,150	31,050
West Carroll	11,670	15,730	19,790	23,500	25,400	27,300	29,150	31,050



Summary of Household Income and Asset Sources

Please put the **monthly** amount of income for yourself and other members of your household in the boxes as appropriate. Put in "0" if there is no income from any of the types of incomes referenced in this chart. Please reference with an "A" if application has been made for a specific benefit.

	Employment	Child Support	SSI	SSA	Pension Income	Public Assistance	Self-Employment	Other	TOTAL
Head									

Employment: For each job, please list place of employment.

Other: Please list any other types of income.

Assets

1.) Do you own any real estate? ☐ Yes ☐ No

If yes, please provide the address:

2.) Have you disposed of any assets within the last two years? ☐ Yes ☐ No

If yes, describe the asset and the amount disposed of:

3.) Do you have a checking and/or savings account? ☐ Yes ☐ No

If yes, list name of financial institution and account number:

Name of Bank _____ Account # _____



List below your assets; include all bank accounts, stocks and bonds, trusts, real estate, etc.

DO NOT include clothing, furniture or cars. Use additional paper if necessary.

	Checking Account	Savings Account	Stocks, Bonds	Trust	IRA, Other Pension	Other
Head						

PREFERENCE

Depending upon your current housing circumstances, you may qualify for a preference under this program. Please review the housing situations described below and check the box that describes your personal situation.

Documentation must be submitted.

Homeless: Are you in one of the following situations? Check the one that applies:

- ☐ Living in a car, parks, sidewalks, abandoned buildings, on the street or similar;
- ☐ Living in an emergency shelter;
- ☐ Living previously on the street but are now living in a transitional housing program;
- ☐ Homeless but living for no more than 30 days in a hospital or other institution.

Chronically Homeless:

- ☐ An unaccompanied homeless individual with a disabling condition who has been homeless for a period of at least one year, OR an unaccompanied homeless individual with a disabling condition who has had at least four episodes of unaccompanied homelessness in the last three years.

At Risk of Homelessness or Living in Transitional Housing for the Homeless:

- ☐ Household is being evicted or foreclosed within 30 days from a private dwelling unit, no subsequent residence has been identified, and the household lacks the resources and support networks needed to obtain housing; **or** their housing has been condemned by housing officials and is no longer considered meant for human habitation;



- ☐ Household is fleeing a domestic violence housing situation, no subsequent residence has been identified, and the household lacks the resources and support networks needed to obtain housing;
- ☐ Household is in an untenable doubled up arrangement, which will need to be verified. A doubled up household is one in which applicant is residing temporarily with friends or extended family and who would otherwise be without a permanent residence of their own or would otherwise be in a publicly- or privately- funded family emergency shelter. Doubled up households do not have leases and are not tenants-at-will. Also if household is living in temporary housing situations such as in motels, hotels and FEMA trailers and no subsequent residence has been identified and the household lacks the resources and support networks needed to obtain housing;
- ☐ Household includes persons exiting mental health facilities, developmental disability facilities, nursing homes, residential addiction treatment programs or hospitals and no subsequent residence has been identified and the household lacks the resources and support networks needed to obtain housing;
- ☐ Household includes youth aging out of foster care who qualify for PSH and no subsequent residence has been identified and the household lacks the resources and support networks needed to obtain housing;
- ☐ Household is living in McKinney-Vento transitional housing but did not originally come from emergency shelter or a place not meant for human habitation, and no subsequent residence has been identified and the household lacks the resources and supports networks needed to obtain housing;
- ☐ Household is being discharged within 30 days from an institution, such as a mental health or substance abuse treatment facility, in which applicant lived for more than 30 days;
- ☐ Household is being released from jail or a correctional facility within the next 30 days;
- ☐ Household is exiting a hospital but has been homeless within the past six months.

Inappropriately Institutionalized: A household member lives in a nursing home, ICF-DD, psychiatric facility or other residential treatment facility because they have a disability but would prefer to live in the community.

Check the one that applies:

- ☐ Nursing home;
- ☐ Intermediate Care Facility/Developmental Disabilities (ICF/DD);
- ☐ Has been hospitalized in a psychiatric facility (or psychiatric unit of a general hospital) for longer than fourteen days;
- ☐ Other licensed residential treatment facility;
- ☐ Has been incarcerated in jail or correctional facility for longer than 30 days.



At Risk of Institutionalization: A PSH applicant shall be considered at risk of institutionalization when faced with placement in a nursing home, Intermediate Care Facility/Developmental disabilities (ICF/DD), psychiatric hospital because, or having been incarcerated but released to a jail diversion program due to the following circumstances:

- ☐ Caregiver to member of household with a disability becomes unable or unwilling to continue providing care;
- ☐ Caregiver to member of household with a disability dies and no other caregiver is available;
- ☐ Caregiver to member of household with a disability becomes incapacitated due to physical or psychological reasons;
- ☐ Household's temporary housing arrangement becomes untenable;
- ☐ Household faces other family crisis with insufficient caregiver support available;
- ☐ Household's housing arrangement becomes untenable because of deterioration in a member's health or disability status impacts the member's ability to live independently;
- ☐ A household member has been arrested and has been accepted in a jail diversion program;
- ☐ A household member is hospitalized, qualifies for long term care or inpatient psychiatric treatment and without an alternative will be referred to a nursing home, psychiatric facility or ICF-DD facility.



PRA UNITS: WAITLIST PREFERENCE

Check next any parishes below that you would be interested in residing in. Do NOT check any parishes where you would not consider living.

Location		Check if interested
Region 2	East Baton Rouge	
Region 5	Calcasieu	
Region 6	Avoyelles	
Region 7	Bienville	
	Caddo	
	Desoto	
	Webster	
Region 8	Franklin	
	Lincoln	
	Madison	
	Morehouse	
	Ouachita	
	Union	
	West Carroll	

Please state the number of bedrooms needed for your household, as well as any explanation needed (i.e., one room needed for medical equipment or live-in aide). Unit size should correspond to household size.



COMMUNICATION

Do you have a case worker, support coordinator or other professional that we may contact to discuss the status of your application? If so, please list their name below. You will be asked to sign a separate consent form allowing us to contact this person.

Name: _____

Agency: _____

Phone or e-mail: _____

If you are **not** being referred by an agency or service provider, please provide us with the following information:

How did you hear about the Louisiana 811 Project Rental Assistance Program? _____

Where did you obtain the application?

CERTIFICATION

Privacy Act Statement: The information on this form is being collected on behalf of the Department of Housing and Urban Development (HUD) to help determine an applicant's eligibility. It will be used to provide the basis for managing the program covered by this form, for protecting the Government's financial interest and for verifying the accuracy of the information furnished.

Penalty for false or fraudulent statements: U.S.C. Title 18, Sec 1001, provides that "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Applicant(s) Statement: I understand that false statements or information are punishable under federal law.

*Applicant Signature

*Date



ACADIA
568 NW Court Circle
Crowley, LA 70526-4363
(337) 788-8841

ALLEN
P. O. Box 150
Oberlin, LA 70655-0150
(337) 639-4966

ASCENSION
828 S. Irma Blvd., Rm. 205
Gonzales, LA 70737-3631
(225) 621-5780

ASSUMPTION
P. O. Box 578
Napoleonville, LA 70390-0578
(985) 369-7347

AVOYELLES
312 N. Main St., Ste. E
Marksville, LA 71351-2409
(318) 253-7129

BEAUREGARD
P. O. Box 952
DeRidder, LA 70634-0952
(337) 463-7955

BIENVILLE
P. O. Box 697
Arcadia, LA 71001-0697
(318) 263-7407

BOSSIER
P. O. Box 635
Benton, LA 71006-0635
(318) 965-2301

CADDO
P. O. Box 1253
Shreveport, LA 71163-1253
(318) 226-6891

CALCASIEU
1000 Ryan St., Rm. 7
Lake Charles, LA 70601-5250
(337) 721-4000

CALDWELL
P. O. Box 1107
Columbia, LA 71418-1107
(318) 649-7364

CAMERON
P. O. Box 1
Cameron, LA 70631-0001
(337) 775-5493

CATAHOULA
P. O. Box 215
Harrisonburg, LA 71340-0215
(318) 744-5745

CLAIBORNE
507 W. Main St., Ste. 1
Homer, LA 71040-3914
(318) 927-3332

CONCORDIA
4001 Carter St., Ste. K
Vidalia, LA 71373-3021
(318) 336-7770

DESOTO
105 Franklin St.
Mansfield, LA 71052-2046
(318) 872-1149

E. BATON ROUGE
222 St. Louis St., Rm. 201
Baton Rouge, LA 70802-5860
(318) 389-3940

E. CARROLL
P. O. Box 708
Lake Providence, LA 71254-0708
(318) 559-2015

E. FELICIANA
P. O. Box 488
Clinton, LA 70722-0488
(225) 389-3105

EVANGELINE
200 Court St., Ste. 102
Ville Platte, LA 70586-4463
(337) 363-5538

FRANKLIN
Courthouse
6560 Main St.
Winnsboro, LA 71295-2750
(318) 435-4489

GRANT
Courthouse
200 Main St.
Colfax, LA 71417-1828
(318) 627-9938

IBERIA
300 S. Iberia St., Ste. 110
New Iberia, LA 70560-4543
(337) 369-4407

IBERVILLE
P. O. Box 554
Plaquemine, LA 70765-0554
(337) 357-5201

JACKSON
500 E. Court St., Rm. 102
Jonesboro, LA 71251-3400
(318) 259-2486

JEFFERSON
P. O. Box 10494
Jefferson, LA 70181-0494
(504) 736-6191

JEFFERSON DAVIS
302 N. Cutting Ave.
Jennings, LA 70546-5361
(337) 824-0834

LAFAYETTE
1010 Lafayette St., Ste. 313
Lafayette, LA 70501-6885
(337) 291-7140

LAFOURCHE
307 W. 4th St.
Thibodaux, LA 70301-3105
(985) 447-3256

LASALLE
P. O. Box 2439
Jena, LA 71342-2439
(318) 992-2254

LINCOLN
100 W. Texas Ave., Rm. 10
Ruston, LA 71270-4463
(318) 251-5110

LIVINGSTON
P. O. Box 968
Livingston, LA 70754-0968
(225) 686-3054

MADISON
100 N. Cedar St.
Tallulah, LA 71282-3892
(318) 574-2193

MOREHOUSE
129 N. Franklin St.
Bastrop, LA 71220-3815
(318) 281-1434

NATCHITOCHES
P. O. Box 677
Natchitoches, LA 71458-0677
(318) 357-2211

ORLEANS
1300 Perdido St., Rm. 1W23
New Orleans, LA 70112-2127
(504) 658-8300

OUACHITA
1650 Desiard St., Ste. 125
Monroe, LA 71201
(318) 327-1436

PLAQUEMINES
P. O. Box 989
Port Sulphur, LA 70083-0989
(504) 934-3620

POINTE COUPEE
211 E. Main St., Fir. 2
New Roads, LA 70760-3661
(225) 638-5537

RAPIDES
701 Murray St.
Alexandria, LA 71301-8099
(318) 473-6770

RED RIVER
P. O. Box 432
Coushatta, LA 71019-0432
(318) 932-5027

RICHLAND
P. O. Box 368
Rayville, LA 71269-0368
(318) 728-3582

SABINE
400 Capitol St., Rm. 107
Many, LA 71449-3099
(318) 256-3697

ST. BERNARD
8201 W. Judge Perez, Rm. 104
Chalmette, LA 70043-1696
(504) 278-4231

ST. CHARLES
P. O. Box 315
Hahnville, LA 70057-0315
(985) 783-5120

ST. HELENA
P. O. Box 543
Greensburg, LA 70441-0543
(225) 222-4440

ST. JAMES
P. O. Box 179
Convent, LA 70723-0179
(225) 562-2330

ST. JOHN
1801 W. Airline Hwy.
LaPlace, LA 70068-3344
(985) 652-9797

ST. LANDRY
P. O. Box 818
Opelousas, LA 70571-0818
(337) 948-0572

ST. MARTIN
415 Saint Martin St.
St. Martinville, LA 70582-4549
(337) 394-2204

ST. MARY
500 Main St., Ste. 301
Franklin, LA 70538-6144
(337) 828-4100, ext. 360

ST. TAMMANY
701 N. Columbia St.
Covington, LA 70433-2709
(985) 809-5500

TANGIPAHOA
P. O. Box 895
Amite, LA 70422-0895
(985) 748-3215

TENSAS
P. O. Box 183
St. Joseph, LA 71366-0183
(318) 766-3931

TERREBONNE
8026 Main St., Ste. 101
Houma, LA 70360
(985) 873-6533

UNION
P. O. Box 235
Farmerville, LA 71241-0235
(318) 368-8660

VERMILION
100 N. State St., Ste.120
Abbeville, LA 70510
(337) 898-4324

VERNON
P. O. Box 626
Leesville, LA 71496-0626
(337) 239-3690

WASHINGTON
Courthouse Bldg.
900 Washington St., #105
Franklinton, LA 70438
(985) 839-7850

WEBSTER
P. O. Box 674
Minden, LA 71058-0674
(318) 377-9272

W. BATON ROUGE
P. O. Box 31
Port Allen, LA 70767-0031
(225) 336-2421

W. CARROLL
P. O. Box 71
Oak Grove, LA 71263-0071
(318) 428-2381

W. FELICIANA
P. O. Box 2490
St. Francisville, LA 70775-2490
(225) 635-6161

WINN
119 W. Main St., Rm. 105
Winnfield, LA 71483-3238
(318) 628-6133

OFFICIAL USE ONLY

Address Change

Name Change

Party Change

Remarks

Circle One: **PA** **MV** **RG** **SDA** **SS(Disability)**

Received by:

PLACE IN AN ENVELOPE AND MAIL TO YOUR
REGISTRAR OF VOTERS

USE THIS FORM TO: 1) register to vote 2) change your address 3) request a name change 4) change party affiliation

TO REGISTER TO VOTE AND BE ELIGIBLE TO VOTE YOU MUST: 1) be a United States citizen 2) be at least 17 years old to register but must be 18 years old to vote 3) not be under an order of imprisonment for conviction of a felony 4) not be under a judgment of full interdiction or limited interdiction where your right to vote has been suspended 5) reside in the state and parish in which you seek to register and vote.

INSTRUCTIONS FOR COMPLETING THIS FORM: All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all boxes that apply to you.

Box 1: Indicate whether you are a citizen of the United States of America. Indicate whether you will be 18 years of age on or before election day.

Box 2: Provide full name. Do not use initials for middle or maiden name.

Box 3: 'Residence Address' means the address where you live and are registering to vote. If you claim a homestead exemption, you must list the address of that residence. Do not use a post office box for your 'Residence Address'. If you use a rural route and box number, draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores or landmarks near where you live and write the name of the landmark. Check the box provided if mail is not delivered to your residence address by the post office. Complete 'Mailing Address' only if it is different from the 'Residence Address' or if mail is not delivered to your residence address.

Boxes 5 & 13: You must provide your LA driver's license number or LA special identification card number, if issued. If not issued, you must provide at least the last four digits of your social security number, if issued. The full social security number may be provided on a voluntary basis. If neither a social security number nor a LA driver's license number or LA special identification card number has been issued, and this form is submitted by mail, and you are registering to vote for the first time, in order to avoid additional identification requirements for first time voters, attach either a) a copy of a current and valid photo identification or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

Boxes 7, 11 & 12: The items 'race/ethnic origin', 'email' and 'phone' are not required but are helpful. Email is protected from disclosure by law.

Box 8: If you do not complete this item, your party affiliation will be listed as 'no party', unless you are presently registered with a party affiliation and no change is being made today. If you are not registering with a political party, circle 'no party'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

Box 17: If you are using this form to request a change of name, you must print the name to be changed here. **Box**

18: Date and sign the card with your signature or mark.

If returned by mail, place in an envelope and mail to the appropriate registrar of voters at the address found on the reverse side of this card. If you have not been issued a social security number or Louisiana driver's license number, you must mail the required documentation with your application. Your application or envelope must be postmarked 30 days prior to the first election in which you seek to vote based on the residence listed on this application.

NOTE: 1. If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. 2. Your social security number will also remain confidential and is intended to be used for voter registration purposes only.

QUESTIONS? Call your Parish Registrar of Voters OR call the Department of State at 1-800-883-2805 or (225) 922-0900.

COMPLETE AND CHECK ALL APPLICABLE BOXES AND CUT HERE BEFORE MAILING.

LOUISIANA VOTER REGISTRATION APPLICATION		OFFICIAL USE ONLY				
LR-1 & 1M, FORM #100		Wd / Dist	Pct	Reg Type	In/Out	REG #
1 Are you a citizen of the United States of America? YES 0 NO 0 Will you be 18 years of age on or before election day? YES 0 NO 0 If you checked 'no' in response to either of these questions, DO NOT COMPLETE THIS FORM.						
2 NAME OF APPLICANT (PLEASE PRINT NAME)					GIVE LOCATION	
LAST FIRST FULL MIDDLE OR MAIDEN						
3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY)						
HOUSE OR APT. NO. & STREET (IF RURAL, ROUTE & BOX NO.) CITY OR TOWN STATE ZIP						
If NO mail delivery to residential address, check here: () MAILING ADDRESS, IF DIFFERENT						
4 DATE OF BIRTH		5 * SOCIAL SECURITY # (CIRCLE ONE)		6 SEX (CIRCLE ONE)		7 ** RACE / ETHNIC ORIGIN (CIRCLE ONE)
MONTH DAY YEA R		NO YES #		MALE FEMALE		WHITE BLACK ASIAN HISPANIC AMER. INDIAN OTHER
8 PARTY AFFILIATION (CIRCLE ONE)		9 APPLICANT'S PLACE OF BIRTH			10 MOTHER'S MAIDEN NAME	
DEM GRN LBT RFM REP NO PARTY OTHER (SPECIFY)		CITY OR TOWN PARISH OR COUNTY STATE COUNTRY				
11 **EMAIL		12 ** PHONE		13 LA DRIVER'S LICENSE / I.D. # (CIRCLE ONE)		14 Will you require assistance at the polls?(CIRCLE ONE)
		HOME () DAY ()		NO YES #		NO YES IF YES, GIVE REASON :
15 LAST RESIDENCE ADDRESS		16 PLACE OF LAST REGISTRATION			17 FORMER REGISTERED NAME, IF APPLICABLE	
ADDRESS		PARISH OR COUNTY STATE				
AFFIRMATION: I do hereby solemnly swear or affirm that I am a United States citizen, that I am at least 17 years old, that I am not currently under an order of imprisonment for conviction of a felony, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$2,000 (\$5,000 for subsequent offense) or imprisonment for not more than 2 years (5 years for subsequent offense), or both. Any false statement may constitute perjury.						
18 SIGN YOUR NAME IN BOX AT RIGHT.						
DATE: / /						
19 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE.						
WITNESS SIGNATURE:				WITNESS SIGNATURE:		
* Last 4 digits of the social security number required if no LA driver's license issued; social security number is intended to be used for voter registration purposes only; full # OPTIONAL. ** OPTIONAL						

LR-1 & 1M (REV. 7/14) R.S. 18:104; FORM #100



STATE OF LOUISIANA
VOTER REGISTRATION AGENCIES
DECLARATION FORM

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one)

☐ I want to register to vote.

☐ I do not want to register to vote.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency. Voter eligibility requirements are found on the voter registration application form.

Note: If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used **only** for voter registration purposes.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. (Check one)

☐ Yes, I would like help.

☐ No, I do not want help.

For assistance in completing the voter registration application form outside our office, contact <Department Name> at <telephone number or other contact information>.

If completed outside our office, this declaration form and your completed voter registration application form (if you filled one out) should be returned to <Department's local office physical location> or <Department's mailing address used to accept applications for service or assistance, recertifications, renewals, and changes of address forms>.

Signature or Mark	Name Typed or Printed	Date
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Signatures of Two Witnesses If Signed With Mark:

1) _____ 2) _____

COMPLAINTS

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125 or by calling (225)922-0900 or 1-800-883-2805.

Comments/Remarks (for official use only):